



PHASED RETIREMENT PERSONNEL ACTION FORM

(Status Change Only)
Rev 2018-11

NSU ID Employee Name Telephone

Center Department

Campus / Building

Salaried Faculty

PROPOSED ACTION

Transfer Org/Account Distribution Change Scheduled Hours Change Benefit Category Change (to BCAT 09)

Pay Rate Change **Faculty Member has elected to participate in the voluntary Phased Retirement Program for a period of ____ years. Salary shall be reduced to 55% of Faculty Member's current full-time salary. Current Salary: \$_____**

POSITION INFORMATION Salaried Employees Only

Type: Part Time Only Weekly Hours: 18.75
Effective Date Position Number New Annual Salary Term: 7/1/20__ to 6/30/20__

Employee Title:

Immediate Supervisor NSU ID Immediate Supervisor Position No

Comments:

ACCOUNT DISTRIBUTION / REALLOCATION

1031 % % % %
1st Org-Account # 2nd Org-Account # 3rd Org-Account # 4th Org-Account #

% % % %
5th Org-Account # 6th Org-Account # 7th Org-Account # 8th Org-Account #

Authorized Signature(s) Date Contact Person (Please Print) Telephone Date

HR USE ONLY:

Salary Grade / Level: Change Reason Code:

Shared Services/PR:

Comments

Human Resources Representative Signature Date